MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-041082 STATE FILE NUMBER

Registration District No. 316 Primary Registration District No. 3060 Registrar's No. 402

FILED OCT 16 1963

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED
1	0945		
2	0945		2
3			
4	0		
5	3		
6			
7	0		
8	0		
9	578X		
10			
11			
12	86-0		
13	1-0		

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

BY AFFIDAVIT OF DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH
a. COUNTY St. Francois
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Farmington
Length of stay in 1b
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Easter Home of Ruth
Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY St. Francois
c. CITY OR TOWN Farmington
Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 401 S. Henry
Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First Reed Middle M. Last Barker

4. DATE OF DEATH Month October Day 7 Year 1963

5. SEX Male

6. COLOR OR RACE White

7. Married ☐ Never Married ☐ Widowed ☐ Divorced ☒

8. DATE OF BIRTH 12/15/1893

9. AGE (last birthday) 69

IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Merchant

10b. KIND OF BUSINESS OR INDUSTRY Merchant

11. BIRTHPLACE (City and state or country) Hamilton, Missouri

12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME Francis F. Barker

13b. MOTHER'S MAIDEN NAME Demis Dolph

14. NAME OF HUSBAND OR WIFE None

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of servi WW I

16. SOCIAL SECURITY NO.

17. INFORMANT Galen D. Barker Address Lansing, Michigan

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Unknown	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Anemia	6 mo
DUE TO (c)	Blood loss from rectum	2 yr.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
Chronic Brain Syndrome

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 3-1-63, to 10-4-63 and last saw her/him alive on 10-4-63
Death occurred at Unknown m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) D Buecham MD

22b. ADDRESS Farmington, Mo.

22c. DATE SIGNED 10-8-63

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial

23b. DATE 10/9/63

23c. NAME OF CEMETERY OR CREMATORY Doniphan Cemetery

23d. LOCATION (City, town, or county) (State) Doniphan. Missouri

24. FUNERAL DIRECTOR ADDRESS Edwards Funeral Home Doniphan, Missouri

25. DATE RECD. BY LOCAL REG. Oct. 8, 1963

26. REGISTRAR'S SIGNATURE Esther Rudloff

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Paul A Dugal

Licensed Embalmer No. 4120

P. O. Address Farmington Me

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.